LZ1 000170157

(Requestor's Name)	4
(Address)	
(Noticess)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
8/2/21	

Office Use Only



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21 JUL 12 1.4 8: 33

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: B&W IND	USTRIES, LLC		
<u> </u>		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Proc	cessing Departmer	nt
		Name of Person	
		Firm/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
	roturnd	City/State and Zip Code	m
		ocs@incauthority.co	
For further information co	ncerning this matter, please ca	all:	
Processi	ng Department	at (800) 638-232	20
Name of		Area Code Dayı	ime Telephone Number
Enclosed is a check for the	: following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 12 AM 8: 33 OF

B&\	WINDUSTRIES, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>√</u>)
The Articles of Organization for this Limited Liability Florida document number L21000170157	Company were filed on 04/13/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
and and and an and an		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s. <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	8
	·	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member		21 JUL 18 AM 8: 33	
<u>Title</u>	Name	Address	Type of Action
MGR	William Berrios	311 North Yonge St.	
		Ormond Beach, FL 32174	☑ Remove
			Change
			Remove
			☐ Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove

_□ Change

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			<u></u>
			
		<u> </u>	
201 20000 20000			
			
Tective date, if other than the date of filing:	he applicable statutor	(op g or more than 90 days a r filing requirements.	otional) fter tiling.) Pursuant to 605.0 this date will not be listed
e record specifies a delayed effective date The 90th day after the record is filed.	but not an effec	ive time, at 12:0	1 a.m. on the earlie
June 28 20)21		
Signature of a memb	er or authorized represe	itative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00